

SHEPHERD PUBLIC SCHOOLS ~ REGISTRATION FORM

CONFIDENTIAL INFORMATION:

GRADE: _____

Ethnic Origin: Native American _____ Asian _____ Hispanic _____ Black _____ White _____
Native Hawaiian/Pacific Islander _____

Please check the following services your child is receiving:

Speech _____ Title/Invention _____ Counseling _____ Extended Studies _____ I.E.P. / Special Ed _____

STUDENT INFORMATION:

NAME: _____
(Legal Name on Birth Certificate) LAST FIRST MIDDLE

DATE OF BIRTH: ____ - ____ - ____ **BIRTHPLACE:** _____ **Gender:** Male ____ Female ____

PHONE NUMBER: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____
(Please write SAME if no change from Physical Address)

ZIP CODE: (Please select one) Shepherd, MT 59079 _____ Billings, MT _____ Zip _____ Other _____

FAMILY INFORMATION:

Father: _____
Name Home/Cell Number

Address (If different from above) Work Number

Email (please give best email for sending information)

Mother: _____
Name Home/Cell Number

Address (If different from above) Work Number

Email (please give best email for sending information)

Student Lives With: Mother ____ Father ____ Stepmother ____ Stepfather ____ Legal Guardian ____

Stepparent Name: _____

Legal Guardian (If other than parent): _____

SCHOOLS ATTENDED THE LAST THREE YEARS

YEAR	SCHOOL	CITY	STATE

EMERGENCY CONTACT INFORMATION:

Please indicate a person(s) to contact in an emergency if a parent/guardian is not available:

Contact Name	Relationship to Student	Phone Number(s)
1.		
2.		
3.		

IMMUNIZATIONS:

Montana Law requires a record of adequate immunizations to be recorded at school or a special examination signed by physician or parent. The parent or guardian is responsible to provide the school with this information before admission into the school.

COPY OF CURRENT IMMUNIZATIONS: YES ____ NO ____

Medical History will be filled out on the BLUE medical form.